

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 533928

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10	1					
11	1					
12		1				
13	1					
14	1					
15		1				
16		(1)				
17		1				
18	1					
19	1					
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
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48						
49						
50						
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	22	←		←		←
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						